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NUTRITION SECTION
REGIONAL EXTENSION CONFERENCE FOR NORTHEASTERN STATES
NEW YORK CITY, MARCH 1-3, 1939

Progress Reported on Recommendations Made
For The Nutrition Program By The Regional Conference of 1935

1. Study local health conditions and food habits as a basis for community programs. Have local leaders and older 4-H Club members participate in assembling such information.

Maine: Purnell Study No. 5 on local health conditions and food habits of Maine people, especially grade school children, to be continued.

4-H cooking and housekeeping club members and adults have scored their food habits and these have been summarized.

The School Lunch Survey in which the State Health Dept. and Extension cooperated gave a picture of school lunch conditions in Maine. Investigational work continued. School Lunch Project is being carried to improve conditions.

State Health Dept. is now carrying on investigational work on Vitamin C. Its findings indicate need for working on the Vitamin C content of Maine diets. Will be stressed in the Farm and Home Week program in 1939 and in a leader meeting on Vegetable Cookery.

New Hampshire: Study of breakfasts for school children in progress by leaders of 4-H Clubs, results being used in project on "Breakfasts that start the day right." Results of a health survey of 276 Four-H club members attending State Camp in 1936 indicated need for "Watch your weight project" for adults and club members.

Vermont: Survey of food and health habits of 4-H Club members resulted in "Protect your smile" and "Let's have fewer colds." Data on teeth of Vermont school children from State Board of Health. Accounts of food supply demonstrators summarized yearly. Data on fruit consumption secured from 1,000 women. The nutritionist has prepared questions for an extension worker to consider when making home visits - not used as yet.

Massachusetts: Little progress made to date.

- Rhode Island: Tabulated replies to questionnaires sent to home demonstration club members in 1937 used as a guide to planning future projects.
- Connecticut: A little done.
- New York: The collection of facts as a basis for programs has been used effectively since the conference in 1935, the procedure varying according to information desired and other conditions. Some counties do an excellent job of studying conditions, planning the program, and putting it into effect. One of the biggest problems is to help the homemaker see real needs and express herself when programs are being planned.
- New Jersey: The Governor has recently appointed an executive committee and subcommittees composed of laymen and professional workers to study our health situation. The nutrition specialist serves on the Committee on Maternal and Child Health. Reports due May 2, 1939, will give us a picture of health conditions, agencies operating, and a proposed plan for working together to improve the health of our citizens. This should give us many facts on which to base the nutrition program.
- Delaware: Study of school children in Kent county in cooperation with State Boards of Education and Health. Older 4-H Club members did not participate.
- Maryland: Some progress made in gathering data, but not enough.
- Pennsylvania: Questionnaires on food habits and local health conditions show need for more vegetables, fruits and milk in the diet, better gardens, canning by budget. Survey in Susquehanna county showed that $5\frac{1}{2}$ days of the 7 lost from school by the average pupil because of illness were due to colds, headaches and toothaches.
- West Va. Widespread use of a food selection score card in 4-H and farm women's clubs. Few statistics available from school or health officials have a bearing on nutritive condition.
2. Place special emphasis on Extension programs helpful to young mothers, including home visits, special study groups, service letters, radio, exhibits, cooperative work in clinics, and with school agencies through school lunch, P.T.A., and discussion meetings called by teachers.
- Clinics: Used by Maine in every county. Total of 95 in 1938 in cooperation with State Board of Health. Vermont, Massachusetts, Delaware and Maryland report cooperation in preschool and maternal clinics and well-baby conferences. In New York

one specialist gave much of her time to this type of cooperation in 7 counties in 1938. h.d.a.'s in New Hampshire gave one meeting on nutrition in Mother-Craft Series conducted by nurses.

Home Visits: Used extensively by Maine and New Hampshire, to some extent by Rhode Island and Connecticut, and less frequently by other States.

Service letters: Reported by Maine, New Hampshire, Vermont, Massachusetts, New Jersey, and Delaware.

School lunch: Emphasis almost universal. Special reports by Maine, Vermont, Delaware, New York, New Jersey, Pennsylvania. Special emphasis in 1939 in West Virginia.

P. T. A.: New Hampshire (programs and packets of literature for P.T.A. shelf in library), Pennsylvania, Vermont, New Jersey, Connecticut. Some in other States.

Special child study groups: Delaware, West Virginia (planned for 1939), Rhode Island (a few). All States report a marked increase in contacts through above and other channels. All agree that these same lines need continued emphasis in 1939.

3. Make more contacts with farm homes having young children. Make it easier for young mothers to attend group meetings.

Home visits in several States provide these contacts. All agree that more contacts with rural mothers are needed. Pennsylvania, Massachusetts, New York, New Hampshire, and some others report assistance to young mothers attending group meetings and clinics.

4. Use the family approach in setting up the nutrition program. Plan some meetings in which husbands and fathers have a definite part.

New York: Reports using directly and indirectly in most county programs; example - both men and women leaders trained for garden projects in some counties.

Delaware: Specialist has met organized groups of men and women and also met groups of producers and distributors.

Vermont: Will invite men to food cost meetings in 1939 and include men and women garden leaders in one county.

Pennsylvania: Men and women work together at meetings where gardening, food preservation, and dairying are discussed.

West Va.: Specialist has persuaded the head of the animal husbandry dept. to include some human nutrition in his animal nutrition course for future county agents.

All emphasize the need for a further development of the family approach and of contacts with men.

5. Utilize the 4-H growth program to improve members' food habits and influence younger brothers and sisters. Guide 4-H Club leaders to become a real influence for child nutrition.

Most of the States report capitalizing the 4-H Club food and growth projects to improve child nutrition and the food habits of families. New York has a new bulletin used by boys as well as girls and even by adults. Nutrition specialists are training 4-H Club leaders in most of the Northeastern States. New Jersey "has no growth program".

6. Emphasize planning the yearly food supply to procure more and better living from the farm. Enroll result demonstrators to keep records showing the amount and value of food produced for home use and amount and cost of food bought.

Maine: A State Committee, composed of economist, farm management, production, and home economics specialists, is now working on a project to emphasize More and Better Living on the Farm From the Farm, in which all specialists concerned will cooperate. Cellar demonstrations (food preservation budget plus storage) are now being carried. Earlier projects have emphasized Raising and Preserving Food, and otherwise increasing supplies of protective foods.

Vermont: For 3 years has had project on planning yearly food supply in which about 100 women have enrolled each year. For the past 2 years approximately 18 have come through with fairly complete food records, but all have reported benefit from keeping records for a time. . . . As this project will always have a limited enrollment, single-phase projects like the garden project should be planned to help more people increase foods which records show are likely to be lacking, usually milk, vegetables and fruits; less often eggs or meat; sweets are usually excessive in amount.

New Hampshire: Emphasis placed on planning the yearly food supply to secure more and better living from the farm. Worked for several years on gardens and for last 2 years on small fruits. Good garden records in 1938. Three food supply demonstrators came through with records of food produced and bought in 1938.

Rhode Island: Plans worked out to help home demonstration members produce as much as possible of family living from the farm.

Delaware: Much work on live-at-home program.

Maryland: Yearly food plan with simple records carried for several years in foods-major counties. Probably 6 or 8 counties in 1939. Several demonstrators have come through each year.

West Va.: Plans made to coordinate the work of all specialists and supervisors in emphasizing this plan in 1939; and to enroll 15 demonstrators to plan supply and keep record of food used by family. Illustrated circular planned. Many clubs will record food expenditures in individual yearbooks and analyze at end of year.

Pennsylvania: Many sections not adapted to gardens; others highly specialized. Through cooperation of specialists in other lines of work a continued effort needs to be made to produce as much of the family food supply as is possible under the circumstances.

New Jersey: Nothing so far. We hope to begin this program in Warren county immediately.

Mass.: Little done.

New York: In a few counties, but generally rather than specifically. This approach has not seemed to answer program needs for our groups composed of farm, village and town homemakers.

7. Make the nutrition program effective through:

a) State nutrition and health councils -

Maine: A State children's council on which agencies are represented.

New Hampshire: Preliminary plans made for organizing a State Health Council.

Vermont: A State Infancy and Maternity Committee, on which agencies are represented.

Delaware: Has a representative State Health Council meeting once a month.

New Jersey: A State committee appointed by the Governor, is surveying health conditions with a view to recommending cooperation.

Other States report good cooperation but no definitely organized State Councils.

b) Frequent conferences between State extension specialists in agriculture and home economics looking toward cooperation in nutrition and health program -

All States report more frequent conferences than in earlier years, largely due to emphasizing the production of the farm food supply to bring about "better living from the farm".

- c) Correlation of foods and nutrition project with other home economics projects -

Increased attention to such correlation is reported in every State. Specifically mentioned are:

- d) County nutrition and health councils -

No State reports going county councils of this nature.

New Hampshire: Expects a few county councils to be set up in 1939.

New Jersey: Reports district meetings of cooperating agencies, for various purposes.

- e) Councils of county extension staff members and their advisory boards -

Little is reported under this head except from New York where meetings of the N. Y. Farm and Home Bureau Boards of Directors and their extension agents are held 4 to 8 times a year to discuss the programs of the various departments.

New York: Also reports that 5 regional conferences made up of agents and a few representatives of the College have been organized during the past year with at least 3 meetings in each district as a follow-up of the extension conference last spring. The problem of better family living has been included in the discussion. The purpose of these discussions is to get the thinking of the extension family headed in one direction and to consider how all the extension organizations in the county can work together for the best interests of the people.

- f) Added training and greater responsibilities to successful volunteer leaders in extension work -

All States report some degree of increase in training and responsibility given such leaders. Leaders have helped to plan and execute community programs, sponsor and help with baby clinics, well-child conferences, and dental clinics; they have visited homemakers with young children and given subject-matter at group meetings; they have assisted with radio programs and given demonstrations to Farm Security clients; they have promoted all phases of the school lunch.

New Hampshire: Reports that leaders have been trained to present one nutrition project a year.

New Jersey: Reports that leaders are more active now than during the depression.

New York: Gives summer scholarships to women who have proved successful as local foods and nutrition leaders in their counties. In return for scholarships these leaders give 20 days of their time to assisting the agent with her program. These leaders continue to assist with the program after their obligations have been fulfilled. One 1935 scholar has taught in 2 counties besides her own. One 1938 scholar from Ontario county last summer has been contacting and helping 61 families with their various home problems. This plan will be continued this summer. In Niagara county the county leader held foods and nutrition classes in 4 groups of foreign-speaking women who met once a week for 2 months.

g) Reducing agents' load of meetings to make time for contacting mothers -

Maine: The number of H.D.A. meetings with home demonstration clubs is to be reduced from 5 to 4 in 1939.

Delaware: Agents meet clubs 5 times a year.

Nothing specific reported by other States.

Nutrition program and Land Use Planning:

No definite development reported under this head, perhaps because the Land Use program is new in the Northeastern States. All believe there should be a close correlation involving the home food supply and kindred activities.

ADDITIONAL LINES OF WORK WHICH NEED EMPHASIS DURING THE NEXT FEW YEARS:

1. Study of farm family living problems.
2. More and better planned vegetable gardens.
3. More ways of helping families with low incomes to have better nutrition.
4. Better correlation of programs in the State and counties of all agencies interested in improving health.
5. Consumer education of homemakers.
6. Work with mothers of children of preschool age, particularly for the purpose of correcting dental

decay. In doing this the general health of the children in this age group would be improved.

7. All extension agents in the county working with families as a unit.
8. Educating producers as to value of their products in terms of economics and nutrition-health, and securing their help in educating the public to a greater use of foods produced.
9. Further work with young-adult groups.
10. Ways and means of reaching the less advanced in communities and those most subject to illness.

- End -